MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	09/835537	FILING DATE
APPLICANT(S)		

2-6-05

CLAIMS														
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	15						TOTAL DEP.							
TOTAL CLAIMS	16						TOTAL CLAIMS							